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| PETITIONER: RESPONDENT: OTHER: | CASE NUMBER: |
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APPLICATION TO DETERMINE ARREARAGES

☐ Child Support ☐ Spousal Support
Attachment to ☐ Order to Show Cause ☐ Notice of Motion

1. I ask that arrearages be determined in my case.
2. I have attached
 - a. ☐ a *Declaration of Support Arrearage* (Form 1285.62)
 - b. ☐ an *Attachment to Declaration of Support Arrearage* (Form 1285.625)
 - c. ☐ other accounting of support arrearage (*specify*):
3. ☐ I ask that support arrearage be changed as follows:
 - a. ☐ I have already paid ☐ some ☐ all of the support ordered. Proof of payment is provided.
 - b. ☐ The child for whom support is to be paid was living with me for the period from _____ to _____ of the time the order was in effect. The amount of money that I paid to take care of that child while the child was living with me was: \$ _____ per month. I am attaching a worksheet explaining the facts and these expenses.
 - c. ☐ The stated arrearage computation includes a time period before the order should have taken effect (*specify*):
 - d. ☐ Other (*specify*):
4. ☐ I have been served with a *Notice of Delinquency* (form 1296.90) which states that I was more than 30 days in arrears on my child support when that form was filed. The form requests penalties of 6% per month on the unpaid balance. I request (1) an order that no penalties be imposed under Family Code sections 4720–4732 and (2) that the following findings be made:
 - a. ☐ The child support payments were not 30 days in arrears as of the date of service of the notice of delinquency and are not in arrears as of the date of the hearing.
 - b. ☐ The support obligor suffered serious illness, disability, or unemployment that substantially impaired my ability to comply fully with the support order, AND I made every possible effort to comply with the support order.
 - c. ☐ I am a public employee and, for reasons relating to fiscal difficulties for the employing entity, I have not received a paycheck for 30 or more days.
 - d. ☐ It would not be in the interests of justice to impose a penalty.
5. Facts in support of the relief requested are (*specify*):
☐ contained in the attached declaration.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)_____
(SIGNATURE OF PERSON SERVING NOTICE)NOTICE: This form must be attached to a *Notice of Motion or Order to Show Cause*.

NOT A COURT ORDER

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